



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>10 Daniels</b>		<b>0194 Scobey K-12 Schools</b>					<b>High School</b>	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	210	1.80	84	08/14/05	_____	_____
100	1	2	158.6	0.95	36	08/14/05	_____	_____
100	1	3	111.5	0.95	36	08/14/05	_____	_____
100	1	4	135.6	0.95	48	08/14/05	_____	_____
100	1	5	108	1.36	66	08/14/05	_____	_____
100	1	6	128.7	0.95	48	08/14/05	_____	_____
100	1	7	59.9	1.15	54	08/14/05	_____	_____
100	1	8	124.9	0.95	42	08/14/05	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>10 Daniels</b>		<b>0196 Peerless K-12 Schools</b>					<b>High School</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	2	1	77	0.95	47	08/22/05	_____	_____
100	2	2A	94.5	0.95	47	10/06/05	_____	_____



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month day month day

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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
10 Daniels		0200 Flaxville K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	3	1	96.8	0.95	29	08/15/05	_____	_____
100	3	2	69.8	0.95	20	08/22/05	_____	_____